Attachments

(060) Coverage and Performance Report.

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

<010>	Study Area Code	238032
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

<141>

<a1></a1>	<a2></a2>	93 > ".	 	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	×c3>	<d>></d>	<e></e>	<f></f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
NC	Rutherford	0000	0	0	0	0.0	0.0	0.0	Yes		
	 									-	
									1		†
	T										
	-							 			
							<u> </u>	10-			

Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0		

Caroline West Wireless, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

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Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

2250X1735011	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	238033	
	Study Area Name	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Year	2014	JUL 2 3 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commissions
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
- 15 S.			(check box when complete)
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill		<u>vi)</u> <040>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. cho	anged since prior filing? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal (ands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (comp	plete attached certification)	<101>
	<102> Agent Certification (come	plete attached certification)	<102> [./]

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	238033	
<015>	Study Area Name	Carolina West Wireless, Inc.	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.	
_<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)		
<114>	City		
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
<120> <121> <122> <122> <123> <124> <124> <126> <127> <126> <127> <128>	If same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address		
<120>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
-120			-

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2013 - 12/2013	

	Construction Status.zip
Electronic Shapefiles attachments	
	Name of Attached Document (.zip)
Drive Test Results attachments	
	Name of Attached Document (.zip)
Scattered Site Test Results attachments	
	Name of Attached Document (.zip)

<b1> <b2> <b3> <c1> <c2> <c3> <d> <e> <141> Certify Certify that that Drive Electron Test Total Road Road Result Road Miles per Miles Shapefil s are Certify that Miles Census upload Scattered **Total Resident** Resident covered es are Population uploade ed Population Block Site Tests are Resident per per uploaded Population per **Newly Reached** Reached by Census Newly Census (yes/n Census Block Census Block by Service Service Block Reached Block (yes/no) o) (yes/no) State County -- \$ee attached worksheet

T	0		0	
Percentage of Total		Percentage of Total		
Population Reached by		Road Miles covered		
Service		by Service		

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
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	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	238033
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reporting
	carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and	data provided to the authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: Carolina West Wirel	ess, Inc.
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer or Employee: Lisa Mabe	
Title or position of Authorized Officer or Employee: Staff Account	int
Telephone number of Authorized Officer or Employee: 3369735000	xt.1003
Study Area Code of Reporting Carrier: 238033	Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
	le 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	ed to File Compliance with 47 CFR §54.1009(a)	(-) on sellon of helpotening earlier
I, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of the reporti	ing carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of n	ny knowledge, the information reported herein is accur	rate.
Name of Reporting Carrier:	Carolina West Wireless, Inc.	-1000
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Agen	nt: 7035848678 ext.	
Study Area Code of Reporting Carrier: 238033	Filing Due Date for this form:	07/31/2014

(080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
ALCO AND DESCRIPTION OF		EV.	The second secon	roge 3010
<010>	Study Area Code		238033	
<015>	Study Area Name		Carolina West Wireless, Inc.	
<020>	Program Year Contact Name - Person USAC should contact regarding t	his data	2014 Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identific			
<039>	Contact Email Address - Email Address of person identifi			
<1425	State			
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
(1442)	Those cand(s) on which the serves			
<145>	Tribal Government Engagement Obligation			
1213	The object the charge the conference of the conf	Name of Attached	Document (.pdf)	
	227 50°2280 1984 (F 529) 60°1 1886 18			
	If your company serves Tribal lands, please select (Yes,N			
	each of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:	11001		
			Select	
<146>	Needs assessed and deviament planning with a face	us on Tribal	(Yes,No, NA)	
11402	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribai		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>				
	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules		<u> </u>	
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	i.		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<010>	Study Area Code	238033
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>		7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	02/05/2016
<202>	Total Mobility Fund Support Awarded	11900.0
<203>	Total Mobility Fund Support Disbursed	3966.67
<204>	Support Applied to Network Design	7974.79
<205>	Support Applied to Construction	607.93
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	0 0
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	O
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	CWW_PSD_NC.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
-242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	- '-
<213>	Status of Network Deployment - Construction	_

<214>

<215>

<216>

Status of Network Deployment - Deployment

Status of Network Deployment - Maintenance

Project Budget Status

<217> Project Plan Status

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	238033
<015>	Study Area Name	Carolina West Wireless, Inc.
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my respondent of my knowledge, the information reported on this form	sibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and and in any attachments is accurate.
Name of Reporting Carrier:	***
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	2.7 To 2.
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(102) Certification - Agent / Carrier FCC F	Form 690
	roved by OMB
情情感,这些一个一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	3 Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Todd Slamowitz Name of Reporting Carrier: Carolina West Wireless, Inc. CERTIFIED ONLINE Signature of Authorized Officer: Date: 07/16/2014 Printed name of Authorized Officer: Lisa Mabe Title or position of Authorized Officer: Staff Accountant Telephone number of Authorized Officer: 3369735000 ext.1003 Study Area Code of Reporting Carrier: 238033 Filing Due Date for this form: 07/31/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Authorized Agent or Employee of Agent: Todd Slamowitz		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 07/16/2014	
Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz		
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel		
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.		
Study Area Code of Reporting Carrier: 238033 Filling Due Date for this form:	07/31/2014	

Attachments

(060) Coverage and Performance Report

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OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2013 - 12/2013

a) a) a) b) b) b) b) c) c) c) c) c) b Certify that Certify that Certify that Resident **Total Resident** Road Miles Scattered Site **Total Road** Electronic **Drive Test** Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Population per **Newly Reached** Reached by per Census **Block Newly** covered per uploaded uploaded uploaded County Census Block Census Block by Service Service Block Reached Census Block (yes/no) (yes/no) (yes/no) State Surry 0000 0 0 NC 0 0.0 0.0 0.0 Yes

> Percentage of Total Population Reached by Service

. . . .

<141>

0

Percentage of Total Road Miles covered by Service

0

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<010>	Study Area Code	238034	
<015>	Study Area Name	Carolina West Wireless, Inc.	ACCEPTED/FILED
<020>	Program Year	2014	MOCE TEDIFICED
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	Univ
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		N) <040> O
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. cha	inged since prior filing? Yes or No)	\bigcirc \bigcirc
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
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<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$\circ \bullet$
		(if yes, complete the attached worksheet)	<080>
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<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)		
<114>	City	***	
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
1222	if same as above, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Filing Carrier Name		
<122>	Street Address (or PO Box)		· · · · · · · · · · · · · · · · · · ·
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		
	· ·		
Authorize	d Agent Information if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		

<127>	Fax Number		
<128>	Email Address		

(060) Coverage and Performance Report	FCC Form 690
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	OMB Control No. 3060-1185
	Page 3 of 8

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<140>	Coverage and Performance Report Year 01/2013 - 12/2013	

	Construction Status.zip	
Electronic Shapefiles attachments		
6	Name of Attached Document (.zip)	
Drive Test Results attachments		
	Name of Attached Document (.zip)	
Scattered Site Test Results attachments		
	Name of Attached Document (.zip)	

<b1> <b2> <c1> <c2> <c3> <**4**> <141> Certify Certify that that Drive Electron Test Total Road Road Result Road Miles per Miles Shapefil s are Certify that Miles upload Scattered **Total Resident** Resident Census covered es are Population Population Block Site Tests are Resident per uploade ed per Population per **Newly Reached** Reached by Census Newly Census (yes/n uploaded Census Block Census Block by Service Service Block Reached Block (yes/no) County -- \$ee attached worksheet

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
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<010>	Study Area Code	238034
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of	Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Todd Slamowitz carrier. I also certify that I am an officer or employee of the reporting car authorized agent; and, to the best of my knowledge, the reports and data	rrier; my responsibilities include ensur	
Name of Authorized Agent: Todd Slamowitz		
Name of Reporting Carrier: Carolina West Wireless,	Inc.	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE		Date: 07/16/2014
Printed name of Authorized Officer or Employee: Lisa Mabe	10000	V Section 1997
Title or position of Authorized Officer or Employee: Staff Accountant		
Telephone number of Authorized Officer or Employee: 3369735000 ext.	1003	708-W
Study Area Code of Reporting Carrier: 238034	Filing Due Date for this form:	07/31/2014
Persons willfully making false statements on this form can be punished by	fine or forfeiture under the Communications 8 of the United States Code, 18 U.S.C. § 1001	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	zed to File Compliance with 47 CFR §54.1009(a)	(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of the report	ing carrier; I have provided the data reported herein based o
data provided by the reporting carrier; and, to the best of r	ny knowledge, the information reported herein is accu	rate.
Name of Reporting Carrier:	Carolina West Wireless, Inc.	
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Felephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.	
Study Area Code of Reporting Carrier: 238034	Filing Due Date for this form:	07/31/2014

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB
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190				
<010>	Study Area Code		238034	
<015>	Study Area Name		Carolina West Wireless, In	c
<030>	Program Year Contact Name - Person USAC should contact regarding t	his data	2014 Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifie			
<039>	Contact Email Address - Email Address of person identifi	ied in data line	<030> tslamowitz@fcclaw.com	- 1000
<142>	State			
<143>	County			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
11112	Thou canaly on which are serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attache	d Document (.pdf)	
	If we want to be a state of the	la NAVEna		
	If your company serves Tribal lands, please select (Yes,N each of these boxes to confirm the status described on the			
	PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:			
			Soloct	
			Select (Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	s		
<154>	Compliance with Tribal Business and Licensing requirem	ents.		

(090) Project	Update information	FCC Form 690 Approved by OMB OMB Control No.: 3060-1185
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<010>	Study Area Code	238034
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200> <201>	Date Authorized to Receive Support Targeted Completion Date	07/18/2013
<202>	Total Mobility Fund Support Awarded	700.0
<203>	Total Mobility Fund Support Disbursed	233.33
<204>	Support Applied to Network Design	7974.79
<205>	Support Applied to Construction	506.35
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	\circ
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	⊙ ○
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	CWW_PSD_NC.pdf {Name of PDF attached}
-212·	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	(marie of ror ottobiles)
<212>	Status of Network Deployment - Network Design	- '-
<213>	Status of Network Deployment - Construction	<u> </u>
<214> <215>	Status of Network Deployment - Deployment	—
(212)	Status of Network Deployment - Maintenance	

<216>

Project Budget Status

<217> Project Plan Status

(101) Certification - Reporting Carrier	FCC Form 690
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<010>	Study Area Code	238034
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the sest of my knowledge, the information reported on this form and in any attachments is accurate.			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form can l	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

(102) Certification - Agent / Carrier	FCC Form 690
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	OMB Control No. 3060-1185
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<010>	Study Area Code	238034
<015>	Study Area Name	Carolina West Wireless, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Todd Slamowitz also certify that I am an officer of the reporting carrier; my responsibilities in agent; and, to the best of my knowledge, the reports and data provided to the	is authorized to submit the information reported on behalf of the reporting carrier clude ensuring the accuracy of the annual data reporting requirements provided to the authorized authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	10
Name of Reporting Carrier: Carolina West Wireless, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/16/2014
Printed name of Authorized Officer: Lisa Mabe	
Title or position of Authorized Officer: Staff Accountant	
Telephone number of Authorized Officer: 3369735000 ext.1003	
Study Area Code of Reporting Carrier: 238034	Filing Due Date for this form: 07/31/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annu	al Reports for Mobility Fund Re	ecipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the reported herein based on data provided by the reporting carrier; and, to the I	사이 나를 살아보는 이번 경험이 많아 되었다면 되었다면 하는 것이 되었다면 하는데 되었다.	그 유명하다 살아가 있는데 있는데 하는데 이렇게 되었다. 그렇게 되었다면 하는 아래에 아니라 하나 아니라 아니라 하는데 하는데 하는데 하는데 하는데 나가 모르네다 하는데 나가 되다.
Name of Reporting Carrier: Carolina West Wireless, Inc.		K 1984 (H. 1735)
Name of Authorized Agent or Employee of Agent: Todd Slamowitz		######################################
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLIN	В	Date: 07/16/2014
Printed name of Authorized Agent or Employee of Agent: Todd Slamowit	tz	
FCC Legal Cou	nsel	
Telephone number of Authorized Agent or Employee of Agent: 7035848678	ext.	N. N. San
Study Area Code of Reporting Carrier: 238034	Filing Due Date for this form:	07/31/2014

Attachments